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TRANSMITTAL FORM (to be used for all correspondence after initial filling) Total Number of Pages in This Submission ENC	Art Unit Examiner Name Attorney Docket Number	Patent and Trollection of info 10/775,832 02/10/2004 MURG, L. 3729 CHANG, R 24685-113	. К.			
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Reply to Missing Parts/	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C rks ached = PTO 2038 ment/Reply = Amendment A on of Time Request = 1 Mon	Address D and Respons	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard			
Firm Name	OF APPLICANT, ATTO	PRNEY, O	RAGENT			
Benesch, Friedlander, Coplan & An Signature Printed name Gregory S. Kolocouris Date May 22, 2006	s	Reg. No.	47,714			
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature						
Typed or printed name GREG K	oLocouris		Date May 22, 2006			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(set)			Complete if Known					
oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)			Application Number 10/775,832					
FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27			AL [Filing Date	02	02/10/2004		
				First Named Ir	ventor MU	MURG, L.		
			1 27	Examiner Name CHANG, R. K.				
			Art Unit 3729					
TOTAL AMOUNT OF PA	YMENT (\$) 60.0	00	Attorney Dock	et No. 24	685-113		
METHOD OF PAYME	NT (check al	l that apply)						
Charge any	Deposit Accournified deposit (s) indicated by additional fee FR 1.16 and 1 his form may bot on PTO-2038	nt Number: <u>02-2</u> account, the Di elow (s) or underpay 17 ecome public. Co	rector is here ments of fee redit card info	Deposit / by authorized t Char (s) Crec rmation should	Account Name o: (check all rge fee(s) ind lit any overpa	Benesch, F that apply) icated below, e ayments ed on this form. I	xcept for the filing fee	
1. BASIC FILING, SEA	ARCH, AND	EXAMINATIO	ON FEES					
		FILING FEES SEAR Small Entity				MINATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP =

0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof

Total Sheets Fee (\$) Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One-Month Extension of Time Fee

60.00

SUBMITTED BY			
Signature SS T	Registration No. (Attorney/Agent) 47,714	Telephone (216) 363-4453	
Name (Print/Type) Gregory S. Kolocouris		Date May 22, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.